

## STUDENTS WITH UNIQUE CONCERNS

<b>District:</b>	<b>School Year 2009-2010</b>	<b>Monitor:</b>
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TRANSFER STUDENTS	
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Has the district had any students transfer into the district from another Montana school district or from another state in the current school year?  
 \_\_\_\_\_Yes \_\_\_\_\_No  
 (If yes, please identify these students below or on additional pages.)

[illegible]

SURROGATE PARENTS	
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Has the district used surrogate parents during the current or previous school year?
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\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]

PRIVATE SCHOOLS	
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Does the district currently provide special education and related services to students who are enrolled in private schools, including students who are home schooled? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(if yes, please identify these students below or on additional pages.)

[illegible]

## AVERSIVE TREATMENT PROCEDURES

Does the district currently use aversive treatment procedures (as defined in ARM 10.16.3346) with students with disabilities?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]

## MANIFESTATION DETERMINATION

Has the district conducted manifestation determination reviews for students with disabilities during the current or previous school year?
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\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]

<b>SUSPENSION OF STUDENTS WITH DISABILITIES</b>					
<b>NAME:</b>					
<b>DATE:</b>					
<b>TIME:</b>					
<b>LOCATION:</b>					
<b>REASON:</b>					
<b>ACTION:</b>					
<b>APPROVED BY:</b>					
<b>SIGNATURE:</b>					
<b>PRINT NAME:</b>					
<b>TITLE:</b>					
<b>DEPARTMENT:</b>					
<b>OFFICE:</b>					
<b>PHONE:</b>					
<b>FAX:</b>					
<b>EMAIL:</b>					
<b>NOTES:</b>					
<b>ADDITIONAL COMMENTS:</b>					

Has the district suspended any students with disabilities for **ten school days or more** during the current or previous school year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If Yes, please identify these students below or on additional pages.)

[illegible]

<b>EXPULSION OF STUDENTS WITH DISABILITIES</b>					
<b>Q.</b>	What percentage of students with disabilities were expelled from school during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were suspended from school during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to law enforcement during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to juvenile justice during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to mental health services during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to substance abuse services during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to social work services during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to counseling services during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%
<b>Q.</b>	What percentage of students with disabilities were referred to other services during the 2017-2018 school year?	0%	0%	0%	0%
<b>A.</b>	0%	0%	0%	0%	0%

Has the district expelled any students with disabilities for ten school days or more during the current or previous school year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(if yes, please identify these students below or on additional pages.)

[illegible]

## HIGH SCHOOL GRADUATES DURING THE PAST YEAR

Has the district graduated high school students with disabilities with a regular high school diploma in the previous school year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, please identify these students below or on additional pages.)

[illegible]



EXITED STUDENTS	
1	2
3	4
5	6
7	8
9	10
11	12
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15	16
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21	22
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95	96
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99	100

Have any district students returned to regular education as a result of having met the objectives of their IEP during the current or previous school Year?  
These are students who no longer have an IEP and are receiving all their educational services from a general education program.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, Please identify these students below or on additional pages.)

[illegible]

STUDENTS FOUND NOT ELIGIBLE FOR SERVICES UNDER IDEA	
1	1
2	2
3	3
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5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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92	92
93	93
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97	97
98	98
99	99
100	100

Have any district students been initially evaluated for special education services and found to be not eligible for services under the IDEA in the current or previous school year?      ☐ Yes      ☐ No

(If yes, please identify these students below or on additional pages. Do not include three-year-old children if they have been previously listed on this form under the heading **"3-year-old and younger children"**.)

[illegible]

**STUDENTS WHO HAVE HAD EVALUATION REPORT AND IEP MEETINGS DURING THE CURRENT SCHOOL YEAR**

Please identify below all students who have had an Evaluation Report and/or IEP meeting (annual or initial) during the current school year. (You do not need to include students who were initially evaluated for special education services in the current school year and found to be not eligible for services under the IDEA. )

[illegible]

## Revocation of Consent

Have any parents revoked consent for special education and related services during the current or previous school year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

(If yes, Please identify these students below or on additional pages.)

[illegible]